

**\*\*\* This sample will NOT be accepted as a valid LLC Annual Report Please go to the "Annual Report" button on the first page of this website to obtain your report.**

**State of Mississippi Secretary of State  
2011 Limited Liability Company Annual Report**

FOR OFFICE USE ONLY

**11F0108**

**Business Id:**

☐ Foreign LLCs, mark an "X" here

**Registered Agent and Office:**

**LLC Name & Principal Address:**

*To make changes to the Agent or Address, please complete form F0121. To make changes to the LLC name use form F0101.*

**Business Email (required)** \_\_\_\_\_

**Business location address of LLC (if different)**

**State of Formation:**

**Telephone:**

**Current Manager(s)/Contact Member/Officers & Addresses**

**Manager(s): (if applicable)**

**Contact Member: (required)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Officers: (if any)**

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary \_\_\_\_\_

☐ Treasurer \_\_\_\_\_

☐ Other (specify) \_\_\_\_\_

This LLC has a written operating agreement

☐ Yes ☐ No

**\*\*NAICS Code / Nature of Business**

**This report has been examined by me and to the best of my knowledge and belief, is true, correct, complete and current as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

☐ Manager ☐ Member ☐ Officer ☐ Other: \_\_\_\_\_

**Mississippi LLCs need not mail this form. Foreign LLCs must enclose a check for \$250, payable to SECRETARY OF STATE and mail completed form with payment to SECRETARY OF STATE, PO BOX 1020, JACKSON, MS 39215-1020. For assistance contact a customer service representative at (800) 256-3494. Visit our website at [www.sos.ms.gov](http://www.sos.ms.gov) for forms.**